

*please see*

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
10/500 491  
APPLICANT(S)

FILING DATE

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/				
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TOTAL IND.	2				
TOTAL DEP.	8	↓	↓	↓	↓
TOTAL CLAIMS	10	1	1	1	1

CLAIMS					
*	*	*	*	*	*
IND.	DEP.	IND.	DEP.	IND.	DEP.
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100					
TOTAL IND.		↓	↓	↓	↓
TOTAL DEP.		↓	↓	↓	↓
TOTAL CLAIMS		1	1	1	1

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